

OFFICE OF THE GOVERNOR
REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM

Consideration for appointment to (board or commission name if known, or state interest).
Please note the board or commission **and the position(s)** on that board you would like to be considered for.

☐ New Appointment or ☐ Reappointment

Name: _____

Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

MD Legislative District: _____ MD Congressional District: _____

Place of Employment: _____

Occupation: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone #: _____ Home Phone #: _____

E-Mail Address _____

Mailing Address (check 1): Business ☐ Home ☐

Race: _____ Gender: _____ (race/gender is solely for assuring diversity in representation)

Sponsoring Organization: _____

Are you an officer of a professional association: Yes ☐ No ☐

Name of Organization(s): _____

Do you hold a license in MD to practice a profession or trade? Yes ☐ No ☐

License for: _____

Are you engaged in lobbying activity for any organization or association? Yes ☐ No ☐

Name of Organization(s): _____

Please attach a resume which includes information concerning your academic background, work experience and professional, political and civic organizations. If a resume is not available, please supply requested information in space below.

ACADEMIC BACKGROUND:

WORK EXPERIENCE:

PROFESSIONAL, POLITICAL AND CIVIC ORGANIZATIONS: